## **Master Key Authorization/Agreement Form**

I,, have READ and UNDERSTAND my responsibilities and the		
consequences of my actions as a master keyholder		
I have <u>initialed</u> all items listed below.		
I agree that master key(s) will only be used to	perform my job.	
I agree to lock the master key(s) in a location approved by Auxiliary Service Director when not in use.		
I understand that the master key(s) may not k	oe taken off-campus.	
In the event of loss/theft, I will file a loss/theft in the loss/theft of a college keyIn the event of loss/theft, I may be subject to compare the college key.		hours of the discovery of
I understand that a replacement key will be prall fines.	ovided only with a Security Report and proof	f of payment for any and
I understand that if an incident occurs in any a will be questioned by CCC Safety & Security.	, ,	•
I understand that I am subject to administrativitiems.		ion of any of the above
Master keys, other than unit masters, require	a Vice Presidents signature.	
Master keys, other than unit masters, require	authorizing signature from all units affected.	
Master keys, other than unit masters, must be	kept in the Shift Supervisors control box wh	en not in use.
Print/type Name of CCC keyholder	Signature	Date
As the unit head** of the individual requesting a responsibilities listed above for the possession my unit is subject to disciplinary action or termi	of a sub-master key. I understand that if nation.	keys are lost or stolen
Print/type Name of Unit		
Print/type Name of Head **	Signature	Date
**I Init head academic \/Pe and deans or non-aca	adomic \/Pe or doone	

\*Unit head – academic VPs, and deans or non-academic VPs or deans.

NOTE: Access to master keys is provided solely through the CCC Facilities Management Key System when required justification and approvals are provided.